

## Instructions for completing:

### Missouri Department of Public Safety

#### Crime Laboratory

#### Quarterly Progress Report

This instruction sheet is to aid the Crime Laboratory grantees in completing the required quarterly progress report for the Department of Public Safety.

- 1. Date Submitted** Self-explanatory
- 2. Grant Number**
- 3. Grant Name**
- 4. Project Director** As designated in Crime Lab contract with Dept. of Public Safety
- 5. Program Agency Name**
- 6. ORI**
- 7. Person Completing Form**
- 8. Phone No.** Self-explanatory
- 9. Quarterly Reporting Period**

**10.** Indicate the appropriate number of completed cases for the reporting period a), b), and c) The total number of these three subcategories should equal to the number placed in **10**. For example: If you have 35 completed cases for the period, you would put "35" in **10**. Of those cases, 12 did not involve any tests for suspected illicit drugs (i.e. blood splatter analysis, ballistics test, latent print analysis, etc.), 6 were tested for suspected illicit drugs and none were found, and 17 were tested for suspected illicit drugs and some were detected. You would put "12" in **10a**, "6" in **10b**, and "17" in **10c**. The sum of these is equal to 35, and should be entered in **10**.

**11.** Self-explanatory

**12.** Of those completed cases in which one or more illicit drugs and/or precursors were identified through examinations, indicate the number of cases directly involving a clandestine laboratory where they were being produced. If more than one type of illicit drug was being produced, enter the case in all appropriate lab type subcategories. For instance, if a lab produced PCP and LSD, enter the case in both **12d** and **12e**. If other illicit drugs are found at the scene, but not produced by the clandestine laboratory, enter that activity in **13** under the appropriate drug type subcategory.

**13.** Of those completed cases in which one or more illicit drugs were identified through examinations, and did not involve clandestine laboratory production, list the cases by specific drug type. If more than one type of illicit drug was identified, enter the

case in all appropriate drug type subcategories. For instance, if in a possession case, marijuana and methamphetamine were detected, enter the case in both **13a** and **13d**.

**14.** Refer to the total number of completed cases involving the examination for one or more illicit drugs (sum of cases listed in **10b** and **10c**). Compute and enter the average amount of time it took to process these cases based on the date the case was received to the date it was considered completed.

**15.** Indicate any new illicit drugs identified through examinations. List the name of the new drug, the number of cases where it was detected, and a description of the new drug. The description should include the classification the drug falls into, such as hallucinogen, inhalant, etc.

**16.** Indicate any resurgence of older type drugs identified through examinations. List the name of the older drug, the number of cases where it was detected, and a description of the older drug. The description should include the classification the drug falls into, such as hallucinogen, inhalant, etc.

**17.** Indicate any grant fund equipment acquisition activity in the reporting period. Acquisition activity is defined as ordering, receiving, or making the equipment operational. List the date this activity took place. Also list the dates of the prior activity associated with the equipment acquisition, even though it may have been reported in a prior quarter. For instance, the equipment became operational in this quarter. List the date it became operational, as well as the dates ordered and received, even though they happened in a different quarter.

**18.** Indicate any other activity or information not reported elsewhere in this form which directly addresses any action and/or condition specified in your Crime Lab contract. In addition, include a description of any other activities which will assist the Department of Public Safety to properly review and evaluate your program.

**19. Signature of Project Officer**

Self-explanatory

**20. Date**

**NOTE:** When completing this form, please make a copy for your records and return the original to:

**Narcotics Control Assistance Program  
Department of Public Safety  
PO Box 749  
Jefferson City, MO 65102**

**If you have any questions on how to complete this form, contact Ms. Susan Kuebler at (573) 751-9000 ext. 218.**

**Missouri Department of Public Safety  
Crime Laboratory  
Quarterly Progress Report**

1. Date Submitted \_\_\_\_\_ 2. Grant Number \_\_\_\_\_

mo day yr

3. Grant Name \_\_\_\_\_

4. Project Director \_\_\_\_\_

5. Program Agency Name \_\_\_\_\_ 6. ORI \_\_\_\_\_

7. Person Completing Form \_\_\_\_\_ 8. Phone No.( ) \_\_\_\_\_

9. Quarterly Reporting Period \_\_\_\_\_ to \_\_\_\_\_

mo yr mo yr

10. No. of cases in which all requested examinations were completed during reporting period \_\_\_\_\_

a) No. of cases where no tests for illicit drugs were requested \_\_\_\_\_

b) No. of cases where illicit drug exams were requested/tested and none were identified \_\_\_\_\_

c) No. of cases where illicit drug exams were requested/tested and one or more drugs were identified \_\_\_\_\_

11. No. of active cases pending at the end of the reporting period \_\_\_\_\_

12. Identify the number of cases completed during the reporting period in which the following illicit drugs and/or precursors were detected while being produced in a Clandestine Laboratory operation

Lab Type \_\_\_\_\_ No. of Cases \_\_\_\_\_

a) Methamphetamine  
Final product only \_\_\_\_\_

b) Methamphetamine  
Precursors only \_\_\_\_\_

c) Methamphetamine  
Precursors and  
Final product \_\_\_\_\_

d) LSD \_\_\_\_\_

e) PCP \_\_\_\_\_

f) Other Clandestine  
Labs \_\_\_\_\_

13. Identify the number of cases completed during reporting period, that were not directly related to Clandestine Lab operation production, by types of illicit drugs

<u>Drug Type</u>	<u>No. of Cases</u>
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a) Marijuana	_____
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b) Cocaine Powder	_____
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c) Crack	_____
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d) Methamphetamine	_____
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e) Heroin/Opiates	_____
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f) LSD	_____
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g) PCP	_____
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h) Other Illicit Drugs	_____
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14. Of all cases completed during the reporting period where illicit drugs were suspected, What was the average processing time (in days)?

**NOTE:** Processing time is from the date case was received to date it was considered completed \_\_\_\_\_

15. Were any new illicit drugs identified in the cases completed during the reporting period?

- ☐ No  
☐ Yes

If yes, please list

<u>Name</u>	<u>No. of cases</u>	<u>Description</u>
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_____	_____	_____
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16. Did you notice any resurgence of older type drugs in the cases completed during the reporting period?

- ☐ No  
☐ Yes

If yes, please list

<u>Name</u>	<u>No. of cases</u>	<u>Description</u>
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**17. Equipment (Please list the types of laboratory equipment being acquired with grant funds during the reporting period)**

<u>Equipment Name</u>	<u>Quantity</u>	<u>Date Ordered</u>	<u>Date Received</u>	<u>Date Operational</u>
		mo day yr	mo day yr	mo day yr


**18. Describe all work activities or areas of interest/concern not reported in the sections above**

**19. Signature of Project Officer** \_\_\_\_\_ **20. Date** \_\_\_\_\_

Rev. 7/00

